FORM 9

MONTHLY

Page ___ of ___

DISPOSAL QUANTITY REPORTING FOR USE BY

UNPERMITTED/EXEMPT/ENGINEERED FILL FACILITY OWNERS/OPERATORS ORIGIN SURVEY

Reporting Month and Year:					
Facility Name:		Facility SWIS No.:			
Facility Address:					
Facility Contact Person (print):					
Phone No.:					
Frequency of Survey (Check one only):	Daily □ Cont	nuous □ Oth	ner (attach explanation)		
Methods used to determine jurisdiction of origin: origin obtained from hauling company re origin obtained from haulers at gatehous	origin obtained from other facility operators other				
Total Tonnage of waste reported to the California I	Board of Equaliza	tion:	_ tons		
Enter the name and address of the facility(s) receidisposal:	•	residual waste (by	quantity) for beneficial use and/or		
Estimated in-place density lbs/yd ³ are one of the place utilization factor lbs/yd ³ are one of the place utiliza		er ratio	_		

NAME OF JURISDICTION OF WASTE ORIGIN AND TONNAGE

J=Jurisdiction U=County Unincorporated Area (Indicate one)

Enter "J" or "U"	Name of Jurisdiction	Total Received	BREAKDOWN OF SOLID WASTE QUANTITIES FOR THE MONTH (TONS)						
			Quantities Separated for				DISPOSAL QUANTITY		
			Beneficial Reuse	Recycled/ Salvaged	Other	Off-Site Use	Inert Waste (Cubic Yards)	Inert Waste (Tons)	Other
	TOTAL								

^{*}Use duplicated forms if more than eight jurisdictions

Notes:

- 1. This form should be used by unpermitted/exempt/engineered fill facility owners/operators operating in Los Angeles County.
- 2. No later than two and a half months after the end of each calendar quarter, the unpermitted/exempt/engineered fill facility owner/operator shall complete this form and forward it to the Los Angeles County Department of Public Works, Environmental Programs Division, PO Box 1460, Alhambra, CA 91802-1460. 1-800-320-1771
- 3. A copy of this form must be retained by the unpermitted/exempt/engineered fill facility owner/operator for a period of three years and must be made available for review upon request during business hours.